

AFFIDAVIT OF SURVIVING SPOUSE
OR PERSONAL REPRESENTATIVE
(Requires Notary or Attorney's signature)



SECRETARY OF STATE
BUREAU OF MOTOR VEHICLES
VEHICLE SERVICES – TITLE SECTION

The undersigned certifies that _____ Date of Birth _____, the owner of a
Name of deceased owner

_____, died _____
Year Make Vehicle Identification Number Date

I/we further certify: (check appropriate items)

- ☐ I am the surviving spouse of the deceased.
- ☐ I have been appointed Personal Representative of the deceased's estate by the Probate Court.
Attach a copy of the court appointment to this form.
- ☐ I am the surviving joint owner of the vehicle. ("Joint ownership" is specified on the title.)

NOTE: The following statements are valid for the transfer of a vehicle only if there is no surviving spouse, no surviving joint owner and no personal representative appointed by Probate Court; and a statement from Probate Court indicating no will has been probated accompanies this form.

- ☐ I am the surviving common owner. (The vehicle title does not state "joint ownership").
- ☐ I am an heir of the deceased.

Please state your family relation with the deceased here: ☐ Child ☐ Parent ☐ Sibling ☐ Other _____.

Are there other persons living who had the same family relation with the deceased? ☐ yes ☐ no

- ☐ I/we claim the deceased's interest in the vehicle. **Attach reasons for your claim to this form.**

The deceased ☐ **DID** ☐ **DID NOT** leave a will.

If a will provides for transfer of the vehicle, please indicate to whom _____.

SECTION A

Check the appropriate item:

- ☐ I/we will title this vehicle in my/our name(s).
- ☐ I/we intend to transfer the vehicle described above to _____.

Transfer must be accomplished on reverse of the title to this vehicle or use transfer form MVT-16.

Date

Signature of Survivor or Personal Representative

SECTION B

THIS FORM MUST BE NOTARIZED

Before me personally appeared _____ who by me being duly sworn upon oath, says
that the statement set forth above is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____. Notary Public for
_____ County, State of _____.

Signature of Notary or Attorney

NOTARIZATION